

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 6/9/01 |
| FORMALITY REVIEW | KQ | JCS 703 | 07/18/01 |
| RESPONSE FORMALITY REVIEW | JK | 835 | 10/24/01 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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10/24/01

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